

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010143

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

360

Primary Registration District No.

6225

Registrar's No.

30

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		c. CITY OR TOWN Aldrich, Missouri	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3		d. STREET ADDRESS None	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Walter W. Shuler		4. DATE OF DEATH Month 2 Day 10 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/3/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Polk County, Mo.
13a. FATHER'S NAME George H. Shuler		13b. MOTHER'S MAIDEN NAME Louise Crone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Hospital Records, Nevada, Missouri		14. NAME OF HUSBAND OR WIFE Golden Emma Shuler	
18. CAUSE OF DEATH (Enter only one cause; part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia Cerebral Arteriosclerosis DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 5 days yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Staff attended 7-7-60 to 2-10-63 and last saw her alive on 2-10-63		20f. CITY, TOWN, OR LOCATION Aldrich, Missouri	
21. I viewed the remains: a. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 2/10/63	
22a. SIGNATURE [Signature] (Degree or title) MD		22b. ADDRESS 57 Hospital #3	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/12/63	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge	
24. FUNERAL DIRECTOR Paul D. Butler		25. DATE RECD. BY LOCAL REG. Feb 12 - 1963	
26. REGISTRAR'S SIGNATURE [Signature]		23d. LOCATION (City, town, or county) Aldrich, Missouri	

USE BLACK INK

OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1963

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0810
1080

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Anglin Ferry

Licensed Embalmer No. 4960

P. O. Address Merced, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.